STATE OF ILLINOIS

ILLINOIS COMMERCE COMMISSION

GRAF1	TON TECHNOLOGIES, INC.
to provexchang	ation for Certificates of Service Authority ide facilities-based and resold local ge telecommunications services within te of Illinois pursuant to Sections and 13-405 of the Public Utilities Act.
	VERIFIED STATEMENT
G.F	ENERAL
	Applicant's Name(including d/b/a. if any) Grafton Technologies, Inc.
	Address: Street 119 East Main Street, P.O. Box 188
	City Grafton State/Zip IL 62037
2.	Authority Requested: (Mark all that apply)13-403 _X13-404 _X13-405
3.	Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.
	X Part 710 Part 735 X Section 735.180 Other
4.	In what area of the state does the Applicant propose to provide service? The State of Illinois
5.	Please attach a sheet designating contact persons to work with Staff on the following:
	a) issues related to processing this application See Attachment A b) consumer issues
	OFFICIAL FILE
	ILL. C. C. DOCKET NO. 00-0215
	applicants Exhibit No. B
	Witness

Date <u>S-8-00</u> Reporter ___

CB

	c) customer complaint resolution d) technical and service quality issues e) "tariff" and pricing issues f) 9-1-1 issues g) security/law enforcement					
	Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.	æ ^r				
6.	Please check type of organization? Individual X_ Corporation Partnership Date corporation was formed Jan.18, 1996 In what state? Tllinois					
7.	 Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. 					
	See Attachment B					
8.	List jurisdictions in which Applicant is offering service(s).					
9.	Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name? YES (Please provide details)XNO					
10.	. Have there been any complaints against the Applicant in any other jurisdiction?	Have there been any complaints against the Applicant in any other jurisdiction?				
	YES <u>X</u> NO					
	If YES, describe fully.					
11.	. Will the Applicant keep its books and records in Illinois? X YES NO If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.					
	MANAGERIAL					
12.	Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.					
	See Prepared Direct Testimony of Michael A	rnold.				
	List officers of Applicant. Paul W Arnold President					
	Michael Arnold Vice President					
	Kevin W. Hamilton VIce President					

•

, **,**

	Susan C. Hamilton Secretary			
14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? X YES NO				
	If YES, list entity. Grafton Telephone Company, Grafton Long Distance Company			
15.	How will Applicant bill for its service(s)? Reputable Billing Company			
16.	How does Applicant propose to handle service, billing, and repair complaints?			
	Billing and repair will be handled by Grafton Telephone Company			
17.	Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? YES NO			
18.	What telephone number(s) would a customer use to contact your company?			
	888-574-4456			
19.	What are your procedures to prevent unauthorized "slamming" of customers?			
	Grafton Technologies will not permit "slamming" and will not change any customer's service unless it has a request in writing or with			
20.	proper verification as required by law if granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and			
	772?			
	X YESNO (If no. please provide an explanation.)			
21.	Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation?X_YESNO			
	FINANCIAL			
22.	Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.			
	See Prepared Direct Testimony of Michael Arnold. TECHNICAL			
23.	Does Applicant utilize its own equipment and/or facilities? X YES NO			
	If YES, please list: Equipment and/or facilities will be provided			
	as needed under an agreement to be made with Grafton Telephone Co			

	If NO, which facility provider(s)'s services does Applicant use? Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service). Local Service			
24.				
25.	Will technical personnel be available at all times to assist customers with service problems? YESNO			
26.	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YESXNO			
	(Signature of Applicant)			

٠.

VERIFICATION

This application shall be verified under oath.

OATH

	State of
	County of
Mich	ael Arnold makes oath and says that he is Vice President
	(Insert here the name of affiant) (Insert the official title of the affiant)
	of Grafton Technologies, Inc.
	(Insert here the exact legal title or name of the Applicant)
	that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.
	2AM Henole
	(Signature of affiant)
	Subscribed and sworn to before me, a Notary Public/ TATHY J. Stromske
	(Title of person authorized to administer oaths)
	in the State and County above named, this $\frac{3}{10}$ day of $\frac{1}{100}$, $\frac{3}{100}$.
	(Signature of person authorized to administer oath)



DOCKET 00-0215

ATTACHMENT A

Answers to No. 5 on Worksheet

a.	Troy A. Fodor
b.	Michael Arnold
c.	Michael Arnold
d.	Michael Arnold
e.	Michael Arnold
f.	Michael Arnold
g.	Michael Arnold

g.

STATE OF RESIDENT WOOD 42214

JERSEY COUNTY
Filed for record the 28 and AKKARA 1996

10.00 s'closed the bas 559

10.00 s'closed the bas 559

Decrease the

State of Allinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF GRAFTON TECHNOLOGIES, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be

affixed the Great Seal of the State of Illinois, at the City of Springfield, this 18TH day of JANUARY A.D. 19 96 and of the Independence of the United States the two

hundred and 20TH

Secretary of State

C-212.2

BCA-2.10 ARTICLES OF INCORPORATION 000292 (Rev. Jan. 1991) Seorge H. Ryan SUBMIT IN QUPLICATE! Secretary of State Jecerment of Susiness Services ionnafield. IL 52756 This space for use by JAN 18 1996 "electrone (217) 782-6961 Secretary of State 11-18-76 GEORGE H. RYAN Payment must be made by carolled 5 Z S. M check, cashier's check, illinois attor-SECRETARY, OF STATE Franchise Tax 5 75. C ney's check, Illinois C.P.A's check or filing Fee nancy order, payable to "Secretary Approved: A ~ or State." GRAFTON TECHNOLOGIES, INC. CORPORATE NAME: . (The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof,) Paul ₩. Arnold Initial Registered Agent: Microse income FIRST Name List name 119 E. Main Street Initial Registered Office: STORE Suce # Number Grafton 62037 Jersey City Zio Cuos County Purpose or purposes for which the corporation is organized: 3. (If not sufficient space to cover this point, and one or more sheets of this size.) The transaction of any and all lawful business for which a corporation may be incorporated under the Business Corporation Act. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received: Number of Shares Number of Shares Consideration to be Par Value

Per Value Number of Shares Number of Shares Proposed to be lasted Received Therefor Common 5 NPV 1,000 1,000 \$1,000 \$1,000 00

TOTAL \$ 1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are: N/A

(If not sufficient space to cover this point, add one or more sheets of this size.)

EXPEDITED

JAN 18 1996

SECRETARY OF STATE

(aver)

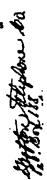
5. OPTIONAL:	(b) Names and addresses of the persons who a shareholders or until their successors are ele	re to serve as dire	the corporation:
6. OPTIONAL:	(a) It is estimated that the value of all property to corporation for the following year wherever to the State of Illinois during the following year of the State of Illinois during the following year of the State of Illinois during the following year of the State of Illinois during the following year of the sestimated that the gross amount of bus transacted from places of business in the State the following year will be:	cated will be: be located within will be: uness that will be wing year will be: uness that will be	\$ \$ \$ \$ \$ \$ \$
7. OPTIONAL:	OTHER PROVISIONS Altach a separate sneet of this size for any or incorporation, e.g., authorizing preemptive rights affairs, voting majority requirements, fixing a dura	denying cumulativ	ve voting, regulating internal
Articles of Incomp	NAME(S) & ADDRESS(ES) OF INComed incorporator(s) hereby declare(s), under penalticipation are true. [ovember 20, 19 95] Signature and Name Communications, Inc., an Dilinois Opporation	es of perjury, that t	•
OCUERCIACY.	nully fluwed the first to an arms. Arnold, President &		State Zip Code
Signature Attest:	HXXXX)	2040CK (C	lorporata Seal?
Signatures must be NOTE: If a corpora	Hamilton, Secretary 1. Chamilton, Secretary 2. Chamilton, Secretary 3. Chamilton, Secretary 3. Chamilton, Secretary 3. Chamilton, Secretary 3. Chamilton, Secretary 4. Chamilton, Secretary 5. Chamilton, Secretary 6. Chamilton, Secretary 6. Chamilton, Secretary	d the state of incorpo	ration shall be shown and the execution

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the peid-in capital represented in this state, with a minimum of \$25 and a maximum of \$1,000,000.
 The filling lee is \$75.
 The minimum total due (franchise tax + filling lee) is \$100.
 (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,867)
 The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.
 Itinois Secretary of State
 Springfield, it. 52756

Itinois Secretary of State Department of Business Services

Springfleid, IL 52756 Telephone (217) 782-6961

G-142,12



AFFIDAVIT OF SERVICE

The undersigned, JUDY McCRORY, being first duly sworn on oath, deposes and states that on the day of , 2000, she served a copy of the foregoing instrument by personally delivering a copy thereof and/or mailing a copy thereof by United States Mail, postage prepaid, at Springfield, Illinois, to the individuals named below in envelopes plainly addressed to each of them.

Mr. John Albers Hearing Examiner Illinois Commerce Commission 527 East Capital Ave. P.O. Box 19280 Springfield, Illinois 62794-9280

Ms. Judy Marshall
Telecommunications
Illinois Commerce Commission
527 East Capital Ave.
P.O. Box 19280
Springfield, Illinois 62794-9280

Ms. Cindy Jackson Consumer Services Illinois Commerce Commission 527 East Capital Ave. P.O. Box 19280 Springfield, Illinois 62794-9280

JUDY A McCRORY

Subscribed and sworn to by me

on this 5 day of

2000.

Notary Public

OFFICIAL SEAL

THOMAS R. BILLINGTON NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES 5-15-2003